

2013 Farmers' Market Nutrition Program Transfer of Check Booklets

Ori	ginating Agency	Transfer T
Agency Number:	Clinic Number:	Agency Number:
Agency Name:		Agency Name:
Return Address:		Shipping Address:
	k Booklet Information Booklets Mailed)	Check Booklet Info (Booklets Recei
Number of Booklets Sent:		Number of Booklets Received:
Serial # Range:	TO	Serial # Range:
Date Transferred:		Date Received:
Packing Signatures & Verification (Must be signed by two staff members)		Receipt Signatures & \ (Must be signed by two st
Name	Signature	Name
Name	Signature	Name

Transfer To			
	Clinic		
Agency Number:	Number:		
Agency Name:			
Shipping Address:			
	Check Booklet Information (Booklets Received)		
Number of Booklets Received:			
Serial # Range:	то		
Date Received:			
Receipt Signatures & Verification			
(Must be signed by two staff members)			
Name	Signature		
Name	Signature		

Upon receipt of FMNP checks shipment, please list the total quantity of booklets shipped, carefully review the check serial number range, verify that no checks are missing, sign and date this form and FAX the form to

WIC FMNP at Fax No. 916-263-3314.